

OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle
DATE: November 13, 2015
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for an off premises retail beer permit with a change of manager from, Hyon M. Ha:

Diyazan N. Sufan
K. J. Mart
1513 E. Washington
North Little Rock, AR

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

Attachments

FILED _____ A.M. 4:00 P.M.
BY Glinda Craigmyle - Mayors Office
DATE 11-13-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT

D6J003-D6LC13



Date Received: 11/09/2015

Date Assigned: 11/10/2015

Applicant: DIYAZAN N. SUFYAN

D.O.B: 04/15/1986

Green Card Number (Permanent Resident Alien):

Home Address: 15 Nothingham Road, Little Rock, AR, 72005

Home Phone:

Business Phone :

Cell Phone: 501-334-2306

Trade Name: WASHINGTON STREET FOOD MART

Former Trade Name: K.J MART

Business Address : 1513 E. Washington, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises - Replacement from Hyon Ha
02689

Dancing, if requested:

Comments / Remarks :

**Copies Of Assignment and
Comment Form Mailed to:**

Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator:

**Stockholders / Partners / LLC
Members:**

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



02/09/2015

APPLICANT'S NAME: DIYAZAN N. SUFYAN

TYPE OF APPLICATION: Retail Beer off Premises - Replacement from Hyon Ha

BUSINESS NAME: WASHINGTON STREET FOOD MART

BUSINESS ADDRESS: 1513 E. Washington, North Little Rock, AR, 72114

DATE OF APPLICATION: 11/09/2015

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE : _____

SIGNATURE OF OFFICIAL: _____ **DATE:** _____

NAME OF AGENCY OR COURT: _____

Do you have any objections to the issuance of this permit? _____
(Yes or No)

If yes, please explain your objections below:

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR, 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record.